

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 1.53(b))</i>	Attorney Docket No.	37505.0268
	First Inventor	Syracuse et al.
	Title	Discharge Methodologies For Optimizing The Performance Of Lithium/Silver Vanadium Oxide Cells
	Express Mail Label No.	EU474894324US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>	<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>28</u> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>4</u> ] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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<b>ACCOMPANYING APPLICATION PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input checked="" type="checkbox"/> Other: <u>Credit Card Forms for \$40.00 and \$750.00</u>
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18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No: 1

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		33751		<input type="checkbox"/> Correspondence address below	
NAME		Michael F. Scalise			
		Wilson Greatbatch Technologies, Inc.			
ADDRESS		10,000 Wehrle Drive			
CITY	Clarence	STATE	New York	ZIP CODE	14031
COUNTRY	USA	TELEPHONE	(716) 759-5810	FAX	(716) 759-5074
Name (Print/Type)	Michael F. Scalise	Registration No. (Attorney/Agent)		34,920	
Signature	<i>Michael F. Scalise</i>	Date		September 9, 2003	

"Express Mail" Mailing Label Number EU474894324US Date of Deposit September 9, 2003  
 I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

Rosemarie Contella  
 Name

*Rosemarie Contella*  
 Signature

22306 U.S. PTO  
 10/65871  
 09/09/03

PTO/SB/17 (11/01) Approved for use through 10/31/2002, OMB 0651-0032 <b>FEE TRANSMITTAL</b> <b>for FY 2002</b> <i>Patent Fees are subject to annual revision.</i> G Applicant claims small entity status. See 37 CFR 1.27.				Application Number			
				Filing Date		September 9, 2003	
				First Named Inventor		Syracuse, et al.	
				Examiner Name			
				Group/Art Unit			
TOTAL AMOUNT OF PAYMENT		(\$)790.00		Attorney Docket Number		37505.0268	

  

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None Deposit Account: Deposit Account Number: <u>502460</u> Deposit Account Name: _____ The Commissioner is hereby authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any fee deficiencies or credit any overpayments <input type="checkbox"/> Charge any additional fees during pendency of this application. <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account				3. ADDITIONAL FEES											
				Large Entity		Small Entity									
				Fee Code	Fee (\$)	Fee Code	Fee (\$)								
						Fee Description		Fee Paid							
				105		130		205		65		Surcharge - late filing fee or oath		\$	
127		50		227		25		Surcharge - late provisional filing fee or cover sheet		\$					
139		130		139		130		Non-English specification		\$					
147		2,520		147		2,520		For filing a request for <i>ex parte</i> reexamination		\$					
1. BASIC FILING FEE															
Large Entity    Small Entity															
Fee Code		Fee (\$)		Fee Code		Fee (\$)		Fee Description		Fee Paid					
101		750		201		375		Utility filing fee		\$750					
106		330		206		165		Design filing fee		\$					
107		520		207		260		Plant filing fee		\$					
108		750		208		375		Reissue filing fee		\$					
114		160		214		80		Provisional filing fee		\$					
SUBTOTAL (1)						\$750									
2. EXTRA CLAIM FEES FOR UTILITY/REISSUE															
Extra		Fee from		Fee		Paid									
Claims		below		Claims		below									
Total Claims		/17/ - 20** =		/0/ x		/ / =									
Independent Claims		/2/ - 3** =		/0/ x		/ / =									
Multiple dependent		/ / x		/ / =											
Large Entity    Small Entity															
Fee Code		Fee (\$)		Fee Code		Fee (\$)		Fee Description		Fee Paid					
141		1,300		241		650		Petition to revive - unintentional		\$					
142		1,300		242		650		10 advance copies Utility issue fee (or reissue)		\$					
103		18		203		9		Claims in excess of 20		\$					
102		84		202		42		Independent claims in excess of 3		\$					
104		280		204		140		Multiple dependent claim if not paid		\$					
109		84		209		42		**Reissue independent claims over original patent		\$					
110		18		210		9		**Reissue claims in excess of 20 and over original patent		\$					
SUBTOTAL (2)						\$									
SIGNATURE: <u>Michael F. Scalise</u>				146		750		246		375		Filing a submission after final rejection(37 CFR 1.129(a))		\$	
Michael F. Scalise                      Reg. No. 34,920				149		750		249		375		For each add'l invention to be examined(37 CFR 1.129(b))		\$	
DATE: September 9, 2003                      Telephone: (716) 759-5810				179		750		279		375		Request For Continued Examination (RCE)		\$	
				169		900		169		900		Request for Expedited Examination of a design appln.		\$	
				Other fee (specify) _____								\$			
				*Reduced by basic filing fee paid								SUBTOTAL (3)		\$40	

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Rosemarie Contella  
NameRosemarie Contella  
SignatureSeptember 9, 2003  
Date of Signature